



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

DIRECT DEPOSIT AUTHORIZATION/CHANGE REQUEST

The Division of Employment Security provides a safe, easy, and trouble-free way for you to receive your weekly unemployment benefit. **The mandatory payment method for receiving your weekly benefit is direct deposit. Direct Deposit places your benefit payment electronically into your checking or savings account instead of having to wait to receive your check by mail.**

AUTHORIZATION/CHANGE

I hereby authorize Missouri Division of Employment Security, hereinafter called MODES, to initiate credit entries, and debit entries for any erroneous credit, to my checking or savings account at the following bank or financial institution: _____

(bank or financial institution)

hereinafter called DEPOSITORY, to credit and/or debit the same to such account. I have enclosed one of the following for MODES use, necessary to allow deposits into my account: *(check one)*

☐ CHECKING ACCOUNT – Enclose a voided or canceled check. A copy is acceptable.

☐ SAVINGS ACCOUNT – Enclose a savings deposit slip with the bank's routing number and account number.

This authority is to remain in full force until MODES has received notification from me of its termination in such time and in such manner as to afford MODES and DEPOSITORY a reasonable opportunity to act on it.

Social Security Number _____ Name _____
(please print)

Signature _____ Date _____

Advantages of Direct Deposit

Security

Reduces the risk of loss, theft, or forgery of benefit payments.

Convenience

Gives you timely and uninterrupted deposits and access to your money from any ATM.

Trouble-Free

Eliminates inconveniences, such as standing in line or traveling to your bank or financial institution.

Worry-Free

Relieves you of the anxiety associated with the uncertainty of mail delivery service.

***Unless you are granted
a waiver to Direct
Deposit in writing,
your benefits will be
electronically transferred
to your checking or
savings account.***

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

Mail: Attn: Benefits Section
Missouri Division of Employment Security
P.O. Box 59
Jefferson City, MO 65104-0059

FAX: (573) 751-5040